



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**4Health Home Care Agency  
Home Care Service**

**Unit 1**

**Harbour Reach**

**La Rue de Carteret**

**St Helier**

**JE2 4HR**

**9 March 2022**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## ABOUT THE SERVICE

This is a report of the inspection of 4Health Home Care Agency, a home care provider established in 2017 and subject to regulatory inspections under the previous nursing agency licence they had held to practice. The provider was subsequently registered with the Commission on 7 August 2019.

Registered Provider	4Health Nursing and Home Care Agency Ltd
Registered Manager	Angela Body
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/ support care hours that can be provided is more than 2250 hours per week Maximum number of nursing care hours that can be provided is 30 hours per week Age range of care receivers is: 18 and above Category of care is: Adult 60 +, Dementia Care, Physical Disability, Learning Disability, Autism, Mental Health, End of Life Care
Date of Inspection	9 March 2022
Time of Inspection	10.30 – 1.10 pm
Type of Inspection	Announced
Number of areas for improvement	None

The Home Care Service is operated by 4Health Nursing and Home Care Agency Ltd and the registered manager is Angela Body.

Since the last inspection, the Commission has had contact with the service on several occasions, when both the Registered Manager or the Deputy have needed to discuss operational issues of concern. This constitutes part of the Provider's best practice approach in demonstrating transparency and in engendering positive engagement with the Regulator or other agencies, for example, when raising safeguarding alerts.

The provider has a very well-established system of internal governance with clearly defined managerial structures in place, which include manager on-call rosters that oversee all care packages 24 hrs a day, every day.

There have been no issues of concern with the Service. Its Statement of Purpose remains current and appropriate to the categories of care provided. It was recorded on the day of the inspection that a total of 108 care receivers were or had recently been receiving support, according to the care records, with a variety of care provided to include personal support, personal care and nursing care.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The excellent level of governance and accountability that is built into the organisational culture of the service was noted. This includes annual reporting by the Registered Manager to board members about key aspects of service delivery. There is a systematic approach to quality assurance undertaken on a monthly basis by an independent third party. Actions and key learning are identified routinely from this audit to promote safe and efficient systems of working.

It was observed during inspection and was clearly evident from discussions and/or written responses from a number of different sources as to the positive approach that is taken to promoting a high standard of care. Supporting evidence included sight of care records, policy and procedures, training and development of staff (including registered healthcare professionals), which was consistent in both quality and comprehensiveness. Face to face training is used to supplement the online modules. It was noted that a face to face module was scheduled a few days after the inspection visit from an external trainer.

The positive testimonies of care receivers who were approached for their views about the service, was also reinforced by some fulsome praise of the professionalism of its care staff, as was provided by relatives and some independent healthcare professionals.

## INSPECTION PROCESS

This inspection was announced with two weeks' notice in order to accommodate service needs and ensure the Registered Manager's availability. The visit to the main office was completed on 9<sup>th</sup> March 2022 and follow up enquiries with care receivers, relatives, care staff and healthcare professionals concluded within two weeks of the visit.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

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<sup>1</sup> The Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and other staff. This included contacting care receivers and/or their relatives, care workers and three independent healthcare professionals as part of the inspection process.

During the inspection, policies, care records, incidents and complaints were examined alongside some safeguarding alerts which the Provider had initiated as best practice since the last inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection.

## **INSPECTION FINDINGS**

At the last inspection, no areas for improvement were identified that required any follow up on this visit. Reference to routine notification of incidents, safeguarding alerts, death notifications and complaints filed or brought to the attention of the Commission was made prior to this inspection. This provided good evidence of the Provider's reporting systems and the attention that is giving to promoting safe working practices for the benefit of both care receivers and care staff.

It was noted from a discussion with the Registered Manager, as to some refinements which had been made to their recording of incidents and events that may occur in care receivers own homes or elsewhere such as hospital. These changes were made to improve upon the audit trail for measuring quality of care by the Provider and/or where other parties are also involved in care receivers' well-being and health outcomes.

The overall findings from this inspection highlighted the Provider's holistic approach to supporting care receivers, with a focus on safe systems of working monitored by a high level of managerial oversight and involvement. It was apparent that the staff group is highly skilled and experienced and that the provision of training and the

emphasis on professional development are each of significance in helping to maintain the skills of the staff. It was positive to note the Provider's approach in the provision of supervision which incorporates a well-recognised reflective model (the Gibbs reflective model), to encourage a high level of personal reflection and to promote ongoing learning by care staff.

Similarly, the attention that is given in providing a good level of induction which is supported by observations of practice and competency throughout each new employee's probationary period, further demonstrated a strong ethos for training and development of care staff.

Feedback from care receivers and/or relatives provided a positive endorsement of how the service operates and that included comments as below:

*"Wonderful really, I find them excellent"*

*"She runs the best agency, looks after the staff and their training is up to date"*

*"All staff are gems, lovely, lovely people, really kind"*

*"Totally professional"*

Feedback from healthcare professionals provided similar testimonies of how the Provider and staff conduct themselves in support of care receivers:

*"I've found 4Health an absolute joy to work with. Their managers and admin staff are helpful, polite and very much patient orientated in terms of assessment and offering appropriate care packages"*

*"The HCA [Health Care Assistants] and SN's [Staff Nurse] that come in to deliver the care are likewise very professional, effective and efficient"*

*"They have been excellent in their approach in matching the right carer to the right Client. They have gone above and beyond to accommodate this Clients needs and*

*are very skilled and sensitive to the situation. They also actively seek advice and support from other agencies to enhance their care giving”*

The overall findings from this inspection evidenced a very well organised and resourced service with safe systems of working in place. These systems incorporate the key components of care and support being appropriately and consistently delivered by a well-trained professional team of carers. Furthermore, all care staff are supported by a high standard of managerial oversight and direct involvement as or when necessary. There were no areas for improvement recorded at the conclusion of this inspection.

## **Safety**

The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

A discussion with the Registered Manager established that, as part of their quality assurance framework and annual review, there had been no themes or areas of concern highlighted from recorded incidents or accidents. Such untoward events are nonetheless systematically reviewed when reported/recorded (which takes place routinely by all care staff as part of their role and responsibility).

Issues arising for staff conduct, any complaints about practice or care received were explored with reference to the Standards for ensuring safety of care receivers when supported by staff. It was well evidenced from some scenarios that had arisen, as described by the Registered Manager, that the Provider had managed these matters appropriately. It was also noted that some alerts and the escalating of concerns had also been shared in a timely manner with the Commission. This demonstrated best practice in managing potential risks to care receivers and/or on occasion to staff group also.

It was clarified how issues of concern such as safeguarding, or complaints will be fielded and investigated by identified persons within the organisation and as to who has the key managerial role and responsibility in this regard. It was apparent that

the Provider aims to address any such matters in a timely and helpful way with the earliest engagement with care receivers, relatives or external agencies in order to resolve or escalate any such concerns. The Regulation Officer was able to cross-reference such examples held on file by the Commission since the last inspection to evidence this best practice approach.

Feedback provided by one carer included reference to a high-risk situation they had encountered in practice on arrival at a care receiver's home. They reported that they felt able to identify the immediate actions to take to manage this. It was noted from this information as to the underpinning training and induction, which they had received which had provided them with the necessary skills and knowledge as to how best to manage the situation. In discussion with the Registered Manager, it was also highlighted that there are often unforeseen challenges and events that cannot easily be incorporated into care plans, and that staff need to be well-trained and confident in responding to such events.

Further to the above, there is a lone worker policy which incorporates safe ways of working advice and protocols for all care staff to follow. Staff are provided with a work phone and can access on-call support 24 hours a day. Other practical apps are included such as lights on key fobs and missed visit alerts which will be received by the Registered Manager and/or on-call managers. The service also includes a review of all carers' work schedules that is part of a Friday check before weekend duties. This is in place to highlight any potential concerns or developing issues for any care packages that may include increased risk from illness or associated conditions.

There is a designated health and safety officer who supports the Registered Manager in ensuring that the most relevant training modules are completed. Such topics include fire safety, Control of Substances Hazardous to Health (COSHH), food safety, health and safety awareness, moving and handling people and emergency First Aid. Where practical, face to face training is provided and by external trainers.

Medication management is an important area of practice and it was apparent that the Provider has put a series of measures in place to reduce associated risk.



Specifically, all care staff receive training which includes practical based assessment and monitoring of their practice. This includes both routine questionnaires to confirm staff members' understanding and practical tasks which are observed by trainers as part of an ongoing training forum to maintain carers' medication competencies.

### **Care and support**

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>
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Positive feedback was received from a number of care receivers and relatives which included comments that staff communicate and interact well with care receivers.

This indicates that the Standard is well met.

One care receiver spoke of their carers as being “marvellous, courteous, kind and knowledgeable” and, in addition, stated that they had such faith in the Provider that they wished for their care to continue but to be provided only by them. Decision making and choice was also confirmed in discussions with care receivers. Care receivers' views and opinions were clearly respected. For example, where care receivers expressed preferences around which members of staff supported them, to ensure good levels of compatibility, this was heard and acted upon. However, it was also positive to note that there were very few examples of problems relating to compatibility.

It was confirmed in discussion with one care receiver that their care and support was regularly reviewed by “someone high up in the service”, who would visit to check on their well-being and satisfaction with the care they receive.

The Registered Manager set out the approach followed prior to a placement being agreed. Once an initial referral is received, an assessment is undertaken which includes 12 separate components. This helps to ensure that both parties are in agreement and that the care to be provided is based on mutually understood terms and conditions. Within this process there are specific areas covered that include fee

structure, secure access or means of entry to the care receiver's home, handling of personal monies, invoices and billing arrangements.

Once a care package has been agreed then an action plan is drawn up with a review timeline of two weeks after the care commences. This enables the care planning process to be both initiated and refined as necessary once the care receiver and care staff have become familiar with all care needs. These reviews are overseen by nominated senior staff and there is also engagement and sign off with relatives in situations where care receivers lack capacity to make important decisions pertaining to their care and well-being.

On any occasion where issues or concerns arise about a care package or where there is any expressed dissatisfaction, this is escalated to the senior management team. If necessary, this will also incorporate engagement with social workers where they have been closely involved in the arrangements for a particular care package.

Examples were provided of a range of different care needs which are supported and good practice was noted from some specific approaches that are followed. One such example was described, which related to a care receiver who had a sensory impairment. In this case, the staff utilised some unique communication skills and techniques, which was of benefit to that person.

The Provider recognises the various challenges associated with best supporting care receivers who, due to cognitive impairment secondary to living with dementia, may have limited capacity to fully articulate their wishes or preferences. In such matters as this, the Provider aims to work collaboratively with families and other agencies wherever possible to ensure that decisions relating to care and support is undertaken in a way that is respectful and supportive of their rights and previously expressed wishes.

## Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.

The training provided for care staff includes competency in completing a range of care interventions. Several staff members have achieved the Regulated Qualifications Framework (RQF) level 2 or 3 accreditation. It is also anticipated that the Provider will have an in-house assessor in place in the near future to further enhance the training options and progress of the staff group in achieving RQF accreditations.

At the time of the inspection, the Provider was actively involved in the recruitment to a new head of governance and training position. The purpose of this is to consolidate the existing foundations for learning which are already embedded in practice.

A review of the “care staff induction form” and the “practical tasks for new induction of new carers- to be completed before the end of the staff probationary period” document, demonstrated the attention and investment that is given to supporting new staff. Furthermore, there is investment in key personnel as mentioned above to ensure that the right level of attention and scrutiny is given to all aspects of training and development.

The Regulation Officer noted the level of detail in the documents, which breaks down care roles to a number of specific skills and care interventions. Also incorporated were aspects of safety, respect, and the promoting of care receivers’ independence. In each regard, new members of care staff are provided with relevant information and their competence in applying theory into practice is assessed via direct observations made by supervising staff. The rating scales which are recorded at the completion of the probationary period, were noted to provide a useful reference point for any ongoing training and development that may be indicated.

Care staff who spoke with the Regulation Officer reported a very positive working environment with very good levels of support and training provided. Carers made

the following comments: *“Absolutely brilliant and induction the most thorough I’ve had” and “wonderful company, Xxx lovely and very supportive, endless amount of training and regular supervision”.*

Supervision of all staff is provided by the Deputy at three monthly intervals and is supported by 1:1 annual appraisals which are undertaken by both the Deputy and the Manager. There is an open culture of engagement encouraged between staff which is also promoted by the office environment which lends itself to regular opportunities for staff interaction. A professional, friendly and welcoming reception area and an engaged and confident administrative team were both evident. The Registered Manager expressed a desire to reconvene some of the open forums for learning as a priority. This unfortunately has not materialised to the degree as was envisaged. This has been a result of the pandemic occurring around the same time as moving into the more generous office space which is now available.

The Provider has scope to support a wide range of categories of care; specifically old age, dementia care, physical disability, learning disability, autism, mental health, and end of life care. Training modules are now sourced from Flexabee, an accredited online health and social care course but it was clarified with the Registered Manager as to the specific bespoke training that will also be provided.

Bespoke training will be sourced in circumstances where the Provider takes on care packages associated with specific or exceptional care needs. For example, if the Provider engages with a care receiver who requires specific approaches due to their level of learning disability, then additional training may be sourced. This supplements the mandatory training which is already provided to best ensure that care staff are suitably prepared and that their training remains current.

Although the Provider has the capacity to provide nursing care under its mandatory conditions and has three registered nurses employed, it will nonetheless engage with other key agencies including Family Nursing and Home Care or Hospice Care if necessary. This may often relate to clinical matters such as wound management and clinical tasks which fall outside of the scope for supporting personal care and support.

Crucially, the Provider recognises the clear lines of accountability and the limitations of their role, associated with care packages where there is a higher level of need. Consequently, it was positive to note that referrals are made appropriately to GP's and specialist services when additional input is needed. It was also reassuring that there are a number of highly skilled practitioners (registered nurses) in the organisation, which is a significant asset.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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